

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
**TRANSCRIPT ORDER FORM**

111 First Street  
Bay City, MI 48708

211 W. Fort Street  
17th Floor  
Detroit, MI 48226

226 W. Second Street  
Flint, MI 48502

**Order Party: Name, Address and Telephone Number**

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Case/Debtor Name:**

**Case Number:**

**Chapter:**

**Hearing Judge** \_\_\_\_\_

" Bankruptcy      Adversary

Appeal      Appeal No: \_\_\_\_\_

**Hearing Information** (A separate form must be completed for **each** hearing date requested.)

**Date of Hearing:** \_\_\_\_\_ **Time of Hearing:** \_\_\_\_\_ **Title of Hearing:** \_\_\_\_\_

Please specify portion of hearing requested:    **" Original/Unredacted        Redacted        Copy \*2<sup>nd</sup> Party)**

Entire Hearing      Ruling/Opinion of Judge      Testimony of Witness      Other

Special Instructions: \_\_\_\_\_

**Type of Request:**

Expedited Transcript - \$4.85/rig/cig (7 working days)  
\*\*\*\*\*  
\*\*\*\*\*

**FOR COURT USE ONLY**

Transcript To Be Prepared By

\_\_\_\_\_  
Date      By

Order Received:

Transcript Ordered

Transcript Received

**Signature of Ordering Party:**

Date: \_\_\_\_\_  
By signing, I certify that I will pay all charges upon completion  
of the transcript request.